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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/641,808 | 08/17/2000 | Marlene Belfort | 454311-2201.1 | 6356 |

TITLE OF INVENTION: GENETIC SYSTEM AND SELF-CLEAVING INTEINS DERIVED THEREFROM, BIOSEPARATIONS AND PROTEIN PURIFICATION EMPLOYING SAME, AND METHODS FOR DETERMINING CRITICAL, GENERALIZABLE AMINO ACID RESIDUES FOR VARYING INTEIN ACTIVITY

| APPLN, TYPE | SMALL ENTITY | ISSUE FEE | PUBL | PUBLICATION FEE | | S) DUE | DATE DUE | | |
|---|--|-----------------------------|---|---|-------------------------------------|--------------------------------|---|--|--|
| nonprovisional | YES | \$685-TO | 3 | \$0 | | 700 | 01/31/2005 | | |
| EXAMINER | | ART UNIT | CLASS | SS-SUBCLASS | | 30 | | | |
| NAVARRO, ALBERT MARK | | 1645 | 53 | 530-300000 | | 730 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | | |
| PLEASE NOTE: Unles | D RESIDENCE DATA TO Its an assignee is identified by n 37 CFR 3.11. Completion | elow, no assignee data w | ill appear on the p | atent. If an assign | nee is identified | below, the | locument has been filed for | | |
| (A) NAME OF ASSIGNEE | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| T | AER POLYTEINSTITUTE e assignee category or category | - | n the patent): | | orporation or oth | er private gr | oup entity Government | | |
| 4a. The following fee(s) are 1 Issue Fee 2 Publication Fee (No Advance Order - # of | small entity discount permitt | MA A ed) □ Pa □ MA Th | nent of Fee(s): check in the amour yment by credit can be Director is here sit Account Numbe | rd. Form PTO-2038 by authorized by c | 3 is attached. harge the require | ed fee(s), or se an extra o | credit any overpayment, to opp of this form). | | |

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Typed or printed name Thomas J. Kowalski

Registration No. 32, 147

Date

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